



Roseburg VA Medical Center Pharmacy Newsletter

March — April 2017

Preferred naloxone product within the RVAMC

Roseburg VA Medical Center

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Naloxone is a medication used to treat acute opioid overdoses. The preferred option when ordering naloxone is the Narcan® nasal spray (not the EVZIO® auto-injector). When administering Narcan®, peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle. Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose. Press the plunger firmly to release the dose into the patient's nose. If breathing does not return to normal or if breathing difficulty resumes, after 2-3 minutes, give an additional dose of Narcan® in the alternate nostril. For more information, visit: <http://www.narcan.com/>

Updated antibiogram available

FORMULARY UPDATES APPROVED by PT&N Committee

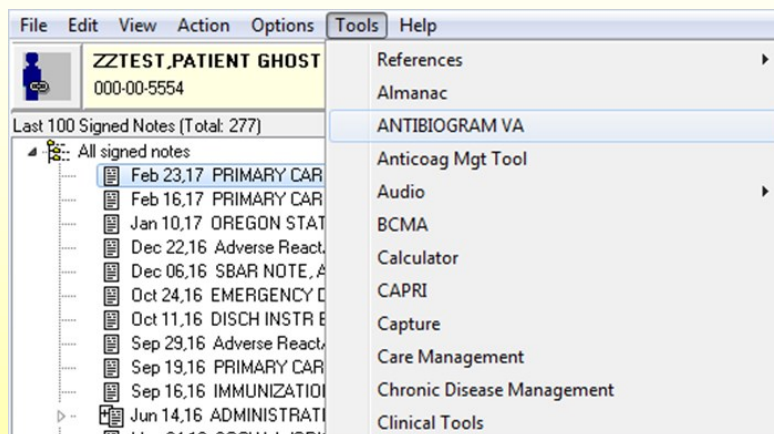
- Patients will be auto-converted from:
 - ◊ Venlafaxine SA capsules to venlafaxine SA tablets
 - ◊ Hydroxyzine pamoate capsules to hydroxyzine hydrochloride tablets

"Throughout the country this is evolving into a public health threat that must be taken very seriously. The pipeline for new gram-negative antimicrobial agents has virtually dried up. The only real means to control the evolution of these "super bugs" is through judicious use of antibiotics and aggressive infection control measures."
– Dr. Brad Robinson, MD, MPH

- In Roseburg, a total of 1,859 bacterium isolates were cultured during 2016 (slight increase from 2015)
- The antibiogram does NOT differentiate between inpatient and outpatient iso-

lates

- Outpatient infections generally tend to be more susceptible to current antibiotics
- MRSA incidences has decreased slightly
- Sulfamethoxazole/trimethoprim and doxycycline remain strong choices for outpatient treatment of community-acquired MRSA skin infections
- Clindamycin susceptibility to MRSA has improved slightly, and is still acceptable for mild-moderate outpatient soft tissue infections, but should not be considered an empiric choice for more serious MRSA infections
- Vancomycin Resistant Enterococcus (VRE) has decreased, but isolates are still typically highly resistant
- Often VRE is a colonizing organism, and does not necessarily cause a clinical infection - linezolid or daptomycin are appropriate for serious VRE infections requiring treatment
- A change in reporting this year is the decision to report data on *Streptococcus pneumoniae*, however, the number of isolates was very small
- Extended Spectrum Beta-Lactamase (ESBL) producers are resistant to penicillins, cephalosporins, and aztreonam - carbapenems are the preferred agents for ESBL producers, but they are susceptible to beta-lactam/beta-lactamase inhibitors as well
- Carbapenem-Resistance Enterobacteriaceae (CRE) commonly occurs with *Klebsiella*, but any bacteria has the potential of becoming resistant. CRE are often resistant to all beta-lactams. Fortunately, the Roseburg VA has not had any resilient CRE to date
- Multi-drug resistant (MDR) pseudomonas has been the biggest problem in our community historically, however, the data this year have improved



To find a copy of the updated antibiogram, please visit the Sharepoint site: <http://moss.roseburg.med.va.gov/News/Lists/Newswire/DispForm.aspx?ID=3796&ContentTypeId=0x01008D2B7D4D8E826240B44C530A4F52294E>



Appropriate disposal of medication vials

Medication vials should NOT be disposed of in the red sharps containers. They should be disposed of in the **white hazardous waste bins** (as depicted below).



Updated COPD Management Recommendations in GOLD Report 2017

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) report addressing the management of chronic obstructive pulmonary disease (COPD) has been updated as of 2017. A notable change from the previous guideline includes the revision of the ABCD severity scale to assess patient symptoms and history of exacerbations, instead of factoring in lung volume. Treatment is personalized in accordance with where a patient fits in the ABCD scale, as summarized in the table below.

Group	Recommendation
A	Initial: Short-acting or long-acting bronchodilator
B	Initial: Single long-acting bronchodilator (LAMA or LABA)* Persistent breathlessness on monotherapy: two bronchodilators are recommended If addition of second bronchodilator does not improve symptoms: step down to single bronchodilator
C	Initial: Single long-acting bronchodilator (LAMA recommended before LABA) Persistent exacerbations: addition of second long acting bronchodilator (LABA/LAMA) or combination of LABA with inhaled corticosteroid (ICS)**
D	Initial: LABA/LAMA combination for most patients Further exacerbations on LABA/LAMA therapy: escalate to LABA/LAMA/ICS or switch to LABA/ICS Further exacerbations of LABA/LAMA/ICS therapy: add roflumilast, add macrolide (azithromycin), stop ICS

*LAMA = long-acting muscarinic antagonist; LABA = long-acting beta agonist

**LABA/LAMA combination preferred before LABA/ICS due to increased risk of pneumonia

For additional changes, the newly released guidelines can be found by visiting: <http://goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd/>

Benzocaine-containing topical sprays

Per a 2006 VA patient safety alert, benzocaine-containing topical sprays used to anesthetize the surfaces of the nasopharynx, oropharynx, and laryngotracheal region are no longer recommended due to several reported, sometimes fatal, cases of methemoglobinemia. This includes: Hurricane[®], Cetacaine[®], and Topex[®] sprays. The preferred anesthetic option in these patient cases is lidocaine spray.

Hazardous Drug List

The NIOSH list of antineoplastic and other hazardous drugs has been relocated. You may find this updated list on the pharmacy SharePoint by going to 'Documents' on the bottom of the page, or at the following website: <http://moss.roseburg.med.va.gov/SiteDirectory/Services/Rx/Lists/Documents/Attachments/12/NIOSH%20List%202016.pdf>

Pharmacy Technician

Service Recognition

- ◇ Cam Mara, Roseburg inpatient, 35 years
- ◇ Chris Spriggs, Eugene outpatient, 10 years (pictured)
- ◇ Connie Prieto, Eugene outpatient, 10 years

